UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1991/P/L.17
21 January 1991

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1991 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Algeria

The Executive Director recommends that the Executive Board approve the country programme of Algeria for the period 1991 to 1995 in the amount of $3,750,000 from general resources, subject to the availability of funds, and $2,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Algeria is a country of 2.4 million square kilometres and a population of 25 million people, which has grown at an annual rate of 2.7 per cent since 1988. Some 44 per cent of the population is under 15 years of age.

2. Oil price fluctuations and economic recession have lowered per capita income and purchasing power, increased foreign debt and exacerbated both unemployment rates and a severe housing shortage. Inflation rose from 9 per cent in 1989 to 15 per cent in 1990.

3. Since 1988, there has been a shift from a centrally planned to a free market economy. In 1990, a multi-party political system was introduced, with national elections scheduled for early 1991.

4. Disparities exist between densely populated urban areas and dispersed rural areas. Moderate malnutrition among children dropped from 28 per cent in 1975 to 11 per cent in 1987, although there is a higher prevalence of severe malnutrition in cities than in rural areas.

5. Improved access to free health care services has contributed to halving the infant mortality rate (IMR) from 130 to 59 per 1,000 live births between 1970 and 1989.* However, the maternal mortality rate (MMR) continues to average 130 per 100,000 live births, even with 71 per cent of deliveries taking place in health facilities. Neonatal deaths account for more than 30 per cent of IMR, owing mostly to tetanus, birth trauma, prematurity, low birth weight and congenital abnormalities. Acute respiratory infections (ARI), the cause of 15 per cent of infant deaths, are found to be particularly severe in cold mountainous and desert areas. Between 1979 and 1988, 49 per cent of infant mortality in hospitals in Algiers were attributed to diarrhoea-related dehydration.

6. High vaccination coverage of infants reduced measles incidence to less than 20 cases per 100,000 inhabitants in 1989, and poliomyelitis to less than 0.1 cases for 100,000 inhabitants. Tetanus toxoid immunization coverage of pregnant women has remained low at 7.5 per cent because it had not been considered a priority by the Ministry of Health and had not been included in the national immunization programme.

7. The situation of women varies between equal opportunities for education and employment in urban areas to high illiteracy and MMRs in rural areas. Breast-feeding is declining, particularly in urban areas, as women leave home for work and buy powdered milk at subsidized prices.

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* Government estimates of IMR and the under-five mortality rate (U5MR) at 59 and 71 per 1,000 live births, respectively, are lower than the United Nations Population Division estimates of 73 and 107, respectively, in 1988.

8. Two thirds of the population have access to safe drinking water and 71 per cent to sanitation facilities, although this falls to less than 50 per cent for water and 40 per cent for sanitation in rural and dispersed areas. Efforts have been made to improve water quality and expand waste disposal systems throughout the country. Sources of drinking water were registered, cleaned and disinfected, using bricks for low-cost chlorination techniques and providing adequate chlorine levels for three to six months.

9. Universal education has been another government priority, as reflected in its 21 per cent allocation of the national budget. In 1989, however, nearly 7 million Algerians were considered illiterate, of whom 64 per cent were women. While 87 per cent of 10- to 14-year-old girls in urban areas are enrolled in schools, only 47 per cent are enrolled in rural wilayate (governorates). As the distance increases between home and school, enrolment declines in these regions. This is exacerbated by the shortage of transport, canteens and social values attached to girls' education. Overall, the number of vocational training schools is low, while the 31 per cent unemployment rate for educated youth 20-24 years old adds to social instability and government concerns.

10. Children in difficult circumstances are a growing concern. Rapid urbanization, crowded housing and social restrictions are creating social outcasts, child workers and street children. Children born out of wedlock and abandoned in institutions are of particular concern; IMR of children in this category is high, at an estimated 300 per 1,000 live births.

PROGRAMME CO-OPERATION, 1986-1990

11. The UNICEF programme of co-operation was aimed at reducing infant and childhood mortality through low-cost, high-impact interventions such as immunization, the control of diarrhoeal diseases (CDD) and the improvement of maternal and child health (MCH) services. UNICEF collaboration was catalytic, technical and of modest financial dimensions.

12. To achieve universal immunization, national acceleration campaigns were organized almost every year through extensive involvement of the mass media, religious leaders and schoolteachers. The Government bore the major cost of vaccines and equipment for the expanded programme on immunization (EPI) and spent $5 million in 1990. UNICEF assistance in 1989 and 1990 helped to sustain EPI despite an economic crisis. Polio vaccines obtained through Rotary International, cold-chain maintenance training for 3,000 paramedical staff and logistical support were provided by UNICEF. Decentralized management to the wilaya level, new follow-up procedures for second and third doses of vaccines and the introduction of one standard vaccination card throughout the health delivery system strengthened routine vaccination services in all 4,000 government health facilities. Every wilaya was provided with a computer in order to improve the national reporting system through constant monitoring of immunization coverage.

13. To reduce mortality due to diarrhoeal diseases, UNICEF assisted in the development of a national production capacity for oral rehydration salts (ORS). In 1990, 3 million sachets were produced, meeting 30 per cent of domestic needs. The 1989 CDD campaign trained 500 CDD managers and 8,000 medical staff in case management and prevention of dehydration through oral rehydration therapy (ORT). Extensive use was made of radio, television and the print media to increase public awareness and demand for ORT, as well as water quality and sanitation issues. Some 40,000 manuals on the prevention and treatment of diarrhoea and 100,000 posters were developed for distribution to primary schools and health facilities.

14. Social mobilization contributed to high EPI coverage and the promotion of ORT. The co-operation of those not traditionally involved in health promotion activities has contributed to rapid improvement in child survival and development. Social communication capacity was strengthened by working with the National Film Agency to produce educational materials for dissemination through the mass media. The Health Education Unit of the Ministry of Health was also strengthened to produce communication materials directed towards government health and other staff.

15. Preoccupation with the achievement of universal child immunization and CDD targets overshadowed other projected areas of co-operation, namely ARI control and the improvement of antenatal care and child delivery praccices. A pilot MCH project, started in Blida wilaya in 1989, remains in the early stages of implementation owing to administrative and logistical difficulties.

16. Decentralized authority to the wilaya level, backed by administrative autonomy, skilled personnel and equipment, has led to more effective management of EPI. The development of a computerized monitoring system can provide faster feedback to each wilaya, for more efficient planning and reporting. This system will be expanded for the implementation of other child survival activities.

17. Given the high quality of civil servants, institutional strengths and government priorities in the social sector, UNICEF will continue to be most effective in Algeria by capitalizing on previous intersectoral social mobilization and advocacy efforts. National economic difficulties, however, may lead to the inclusion of offshore supply purchases in the new UNICEF programme.

18. The programme aims to promote child survival, development and protection through co-operation in the fields of health, education, children in difficult circumstances and social mobilization.

Health

19. The overall objectives of the programme are to reduce IMR from 59 to 40 per 1,000 live births, the U5MR from 71 to 50 per 1,000 live births and MMR from 130 to 100 per 100,000 live births by 1995. The programme includes five projects: MCH, EPI, CDD, ARI and the prevention and rehabilitation of childhood disability.

RECOMMENDED PROGRAMME CO-OPERATION, 1991-1995

Recommended general resources: $3,750,000
Supplementary funds: $2,500,000

Recommended programme co-operation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 460	1 270	2 730
Education	1 490	1 230	2 720
Children in especially difficult circumstances	250	-	250
Social mobilization and advocacy	270	-	270
Programme support	280	-	280
Total	3 750	2 500	6 250

a/ The breakdown for estimated yearly expenditures is given in table 3 below.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

20. Maternal health, nutrition and education are key determinants in reducing IMR, MMR and the incidence of low birth-weight children. Traditional birth attendants and health staff will be trained in safe motherhood, at-risk pregnancy identification and birth spacing. They will accompany mobile EPI teams to rural and dispersed population areas to identify and refer pregnant women at risk in order to increase the number of assisted deliveries from 71 to 80 per cent. The Blida MCH project will be evaluated with a view to replication, particularly in urban areas. Growth monitoring will be instituted for the early detection and monitoring of malnourished children and to detect any negative effects of economic adjustment measures. Breast-feeding, weaning and complementary feeding practices will be promoted through relevant communication channels. The database of the EPI monitoring system will be expanded to monitor service coverage indicators.

21. The EPI project aims to (a) increase and sustain 90 per cent coverage for the three doses of combined diphtheria/pertussis/tetanus and oral polio

vaccine and one dose each of anti-tuberculosis and measles vaccines; (b) eradicate polio by 1995; and (c) eliminate neonatal tetanus by the year 2000. UNICEF will support training of mid-level managers at the governorate level and ensure that remote wilayate are adequately equipped with a cold chain that is properly maintained. To reduce geographic disparities, UNICEF will provide assistance for EPI accelerations in the 19 wilayate where coverage levels are below 80 per cent. Tetanus toxoid coverage will be promoted and monitored as part of EPI to cover 80 per cent of pregnant women with two doses by 1995. UNICEF will give support to increase the role of the media in educating the public. Technical support for evaluation and improved disease surveillance will also be provided.

22. The CDD project aims to halve diarrhoea-related mortality by establishing rehydration corners in every wilaya, beginning at hospitals and health centres with medical supervision and moving to peripheral health units providing MCH services. The target is to cover 80 per cent of existing health centres within five years. Support will include training of 80 per cent of medical and paramedical personnel throughout the country; production of training and educational material; and study tours in countries where such projects have been successfully implemented. Breast-feeding practices will be promoted to reduce the incidence of diarrhoea among infants. The use of human milk substitutes and of harmful or unnecessary anti-diarrhoeal drugs will be discouraged by seeking the assistance of pharmacists to distribute ORS sachets and provide families with the proper information on how to dilute them and rehydrate children. The mass media will disseminate information, particularly during the summer months when diarrhoeal incidence peaks, to promote personal and environmental hygiene and generate more public demand for ORS. The existing EPI monitoring system will be expanded to report on diarrhoeal incidence and treatment with ORT. The effectiveness of water chlorination in reducing the incidence of diarrhoeal diseases will be evaluated.

23. The reduction of ARI-related childhood mortality is a new national health objective. It aims to ensure that 90 per cent of children who suffer from lower respiratory tract infections are treated with an appropriate course of antibiotics, and that 80 per cent of mothers recognize the most severe symptoms of ARI by 1995. Baseline data and specific targets will be set during the first phase of the project. UNICEF will provide technical assistance to establish a national ARI plan of action; train health personnel on standard treatments; promote public awareness; and integrate ARI into regular primary health care services. This includes monitoring ARI incidence through the nation-wide EPI reporting system.

24. The childhood disability prevention and rehabilitation project aims to minimize childhood disabilities from preventable causes, promote early detection and develop family and community-based rehabilitation for disabled children. Consanguinity, poor maternal and child nutrition, vitamin A and iodine deficiency and vaccine-preventable diseases are some of the contributing causes of childhood disabilities. The objectives are to ensure that at least 50 per cent of newborns delivered in health institutions and 50 per cent of children under five years of age are properly screened for

congenital and acquired impairments. UNICEF assistance will be provided for a baseline study to assess the magnitude of the problem; mobilize all possible communication channels to reach at least 80 per cent of families with information on the prevention, early detection and rehabilitation of disabilities; and train 50 per cent of health workers in early detection of impairments and disabilities. Community-based rehabilitation will be promoted in a few selected wilayas by training social workers to give support and technical advice to families for the care of their disabled children.

Education

25. In line with the Jomtien Declaration at the 1990 World Conference on Education for All, the Government has set national goals for universal access to primary education for girls as well as boys, and for halving the adult illiteracy rate, especially among women, by the year 2000. A national task force will be established to oversee achievement of the Education for All goals.

26. The basic education project will address the low primary school enrolment rates of 6- to 15-year-old girls in rural and dispersed population areas of the country. UNICEF will advocate and support the full implementation of the 1976 compulsory education law. UNICEF support will include knowledge, aptitude and practice surveys to develop action programmes, social mobilization and education activities to address problems initially in four rural wilayate - Adrar, Mostaganem, Medea and Ain Defla.

27. To improve MCH, better health habits will be promoted by incorporating health education concepts into school curricula. The school's role in community health action will also be promoted through joint community school initiatives to improve local surroundings. Activities will include teacher training, the revision of school curricula and the preparation of audio-visual materials for training and advocacy. These activities will draw upon the Action-Oriented School Health Project, being implemented jointly in six Arab countries by UNICEF, the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

28. The female literacy project has two objectives: to reduce geographical and gender disparities in literacy rates; and to introduce MCH information into ongoing literacy programmes. The goal is to raise female literacy from less than 40 to 70 per cent by 1995. The project will also focus its activities in the four wilayate where girls' education will be the focus of UNICEF assistance. In those wilayate, UNICEF will provide support to train the trainers and mobilize all possible channels of social action - including government administrators, religious leaders, teachers, health workers and local non-governmental organizations (NGOs) - to advocate increased female literacy.

29. Assistance will be provided to the National Institute for Literacy to develop, in co-operation with the United Nations Population Fund and WHO,

curricula, textbooks and teaching methods more adapted to women's conditions and aimed at increasing their knowledge of maternal and child issues, treatment of diarrhoeal dehydration, birth spacing practices and personal and environmental hygiene.

Children in especially difficult circumstances

30. In a first phase of the programme, objectives are to (a) assess the social magnitude of children without families, child delinquency, working children and child abuse; and (b) reduce IMR of children living in maternity homes and orphanages, estimated at 300 per 1,000 live births. UNICEF assistance will initially be given to collect data and expose government and NGO counterparts to successful and viable alternatives to institutional placement. Support will also be given to improve existing services through training of social workers and staff in orphanages. In the second phase, alternatives to institutional placement will be sought to ensure the future integration of those children in society. NGOs will be assisted and encouraged to take a more active role in the care and future vocational training of these children.

Social mobilization and advocacy

31. While social mobilization activities are taken into account in every project, this programme aims to (a) ensure a "first call" on national resources for children; (b) monitor and advocate the implementation of global goals and strategies for children in the 1990s; and (c) promote Facts for Life and public education through the mass media and other channels of communication. UNICEF will promote the principle of "first call" starting from the highest political levels and continue to strengthen the delivery capacity of information and communication sectors at central and regional levels. Ratification of the Convention on the Rights of the Child will be sought, as will the endorsement of the 1990 World Declaration and Plan of Action on the Survival, Protection and Development of Children. UNICEF will assist government counterparts to develop plans for mobilization of all possible educational channels. UNICEF will also provide assistance in defining national indicators needed to monitor progress and achievement of these goals for children.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Algeria (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	102	(1989)	High U5MR
Infant mortality rate	70	(1989)	High IMR
GNP per capita	$ 2360	(1988)	Upper-middle GNP
Total population	24 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	677	798	822	837
Infant deaths (under 1)	(thousands)	95	80	67	59
Under-five deaths	(thousands)	141	117	98	85
Under-five mortality rate (per 1,000 live births)		209	147	119	102
Infant mortality rate (under 1) (per 1,000 live births)		141	100	81	70

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	..	10
	Severe	..	..
Babies with low birth weight (%, 1979/1988)		12	9*
Children completing primary level (% of first grade, 1980/1987)		83*	90

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1985)		../../..	../../..
Prevalence of wasting (%, 1980/1985)		..	..
Prevalence of stunting (%, 1980/1987)		..	13a/
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		109	112
Food production per capita index (Index 1979-1981=100, 1980/1989)		107	93
Household expenditure (% of total income, 1980-1985)	All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			16
Access to health services	Total	..	88
(% of population, 1980/1985)	Urban/rural	../..	100/ 80
Access to safe water	Total	77	68
(% of population, 1975/1985)	Urban/rural	../..	85/ 55
Access to adequate sanitation	Total	..	57
(% of population, 1980/1985)	Urban/rural	../..	80/ 40
Births attended by trained personnel (%, 1980/1984)		..	15
Maternal mortality rate (per 100,000 live births, 1978/1987)		140	..

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	59	90	..	96
	DPT	33	60	65	81
	Polio	30	60	65	81
	Measles	17	68	58	73
Pregnant women (%) immunized against	Tetanus	..	..	..	..

/...

TABLE 1 (continued)

Algeria

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1988)	Total	95/ 81	96/ 89
	Male	108/ 91	105/ 97
	Female	81/ 71	87/ 82
Secondary enrolment ratio (gross/net) (%, 1980/1988)	Total	33/ ..	62/ ..
	Male	40/ ..	71/ ..
	Female	26/ ..	53/ ..
Adult literacy rate, 15 years & older (%, 1970/1985)	Total	25	49
	Male/female	39/ 11	63/ 35
Radio/television sets (per 1,000 population, 1980/1988)		221/ 69	229/71

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	13.7	18.7	21.8	24.3	32.9
Population aged 0-15 years	(millions)	..	9.1	10.6	11.3	14.2
Population aged 0-4 years	(millions)	..	3.4	3.9	3.8	4.6
Urban population (% of total)		40	43	48	51	60
Life expectancy at birth (years)	Total	53	59	62	65	69
	Male	52	58	61	64	67
	Female	54	60	63	66	70
Total fertility rate		7.4	6.8	5.9	5.2	4.0
Crude birth rate (per 1,000 population)		49	43	38	34	32
Crude death rate (per 1,000 population)		16	12	9	8	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1977/1987)		7	..
Population annual growth rate (%, 1965-1980/1980-1989)	Total	3.1	2.9
	Urban	3.8	4.7

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1988)		4.2	0.0
Inflation rate (%, 1965-1980/1980-1988)		10	4
Population in absolute poverty (%, 1977/1988)	Urban/rural	20/..	../ ..
Household income share (%, 1977/1988)	Top 20%/bottom 40%	../..	../ ..
Government expenditure (% of total expenditure, 1980/1988)	Health/education	../ ..	../ ..
	Defence	..	..
Household expenditure (% of total income, 1980-1985)	Health/education		../..
Official development assistance: (1980/1988)	$US millions	176	137
	As % of GNP	0	0
Debt service (% of goods & services exports, 1980/1988)		26	71

a/ Aged 24-48 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990

(In thousands of United States dollars)

COUNTRY: ALGERIA
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $295,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	297	173	4		6		29		336	173	509
Advocacy	1	12	34	17			1	2	36	31	67
Planning and project support	4		6		43		123		176	0	176
GRAND TOTAL	302	185	44	17	49	0	153	2	548	204	752

GR = General resources.
FSF = Funded supplementary funding.

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TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: ALGERIA Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	290	400	445	260	115	1510
	NSF	265	370	390	175	70	1270
Education	GR	275	445	445	225	100	1490
	NSF	250	365	365	150	100	1230
Children in especially difficult circumstances	GR	40	40	40	40	40	200
Social mobilization and advocacy	GR	60	60	50	50	50	270
Programme support	GR	80	50	50	50	50	280
TOTAL	GR	745	995	1030	625	355	3750
	NSF	515	735	755	325	170	2500
GRAND TOTAL		1260	1730	1785	950	525	6250

GR = General resources.
NSF = New supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: ALGERIA	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	1	257
Local national Professional and General Service established posts	7	288
Operating costs		244
Total	8	789
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources		
Supplementary funds		
Local national Professional and General Service project posts		
General resources	4	167
Supplementary funds		
Total	4	167

a/ For information source, see 1992 post authorization table, dated January 1991.